

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591165

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9	1		1			
10		1		1		
11		2		1		
12		3		1		
13		4		1		
14		5		1		
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17		8		1		
18		9		1		
19		10		1		
20		11		1		
21		12		1		
22	1		1			
23		1		1		
24	1		1			
25		1		1		
26		2		1		
27		3		1		
28		4		1		
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32		8		1		
33		9		1		
34		10		1		
35		11		1		
36		12		1		
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42		18		1		
43		19		1		
44		20		1		
45		21		1		
46		22		1		
47		23		1		
48		24		1		
49		25		1		
50		26		1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						